In re	Dawn Marie Naif	According to the calculations required by this statement:
	Debtor(s)	■ The applicable commitment period is 3 years.
Case Number:		☐ The applicable commitment period is 5 years.
	(If known)	☐ Disposable income is determined under § 1325(b)(3).
		■ Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Par	rt I.	REPORT OF IN	COM	E					
1	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.										
	b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Inc All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.						the six fore	Column A Debtor's Income		Column B Spouse's Income	
2	Gros	s wages, salary, tips, bonuses, overtime, con	nmis	sions.				\$	2,442.11	\$	0.00
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.					isiness, enter a					
	a.	Gross receipts	\$	Debtor 0.00	\$	Spouse	0.00				
	b.	Ordinary and necessary business expenses	\$	0.00			0.00		ĺ		
	c.	Business income		otract Line b from		a	0.00	\$	0.00	\$	0.00
	Bestor				ICC III						
4	part	of the operating expenses entered on Line b	as a	deduction in Par Debtor	o. Do rt IV.	not include					
4	part o	of the operating expenses entered on Line b Gross receipts	as a	Debtor 0.00	o. Do	not include	0.00				
4	part	Gross receipts Ordinary and necessary operating expenses	\$ \$	deduction in Par Debtor	o. Do	Spouse		\$	0.00	\$	0.00
5	a. b. c.	of the operating expenses entered on Line b Gross receipts	\$ \$	Debtor 0.00 0.00	o. Do	Spouse	0.00	\$	0.00	Ė	
	a. b. c. Inter	Gross receipts Ordinary and necessary operating expenses Rent and other real property income	\$ \$	Debtor 0.00 0.00	o. Do	Spouse	0.00			Ė	0.00 0.00 0.00
5	a. b. c. Inter Pensi Any a exper purp debto	Gross receipts Ordinary and necessary operating expenses Rent and other real property income est, dividends, and royalties.	\$ Su	Debtor 0.00 0.00 btract Line b from regular basis, for acluding child sup nee payments or a ed in only one col	the h	Spouse a a a a a a a a b cousehold paid for tha ts paid by th	0.00 0.00	\$	0.00	\$	0.00
5	a. b. c. Inter Pensi Any a exper purp debto listed Unen Howe benef or B,	Gross receipts Ordinary and necessary operating expenses Rent and other real property income est, dividends, and royalties. ion and retirement income. amounts paid by another person or entity, onses of the debtor or the debtor's dependent ose. Do not include alimony or separate main or's spouse. Each regular payment should be re-	\$ Su	n deduction in Par Debtor 0.00 0.00 btract Line b from regular basis, for acluding child sup nee payments or a ed in only one column B. e appropriate columtion received by years.	the h port j moun mnn(s) ou or oensate	Spouse a a a a a a a a a a a a a	0.00 0.00 at the t is	\$	0.00	\$	0.00

9	me from all other sources. Specify source and amount. If necessary, list additional sources a separate page. Total and enter on Line 9. Do not include alimony or separate intenance payments paid by your spouse, but include all other payments of alimony or arate maintenance. Do not include any benefits received under the Social Security Act or ments received as a victim of a war crime, crime against humanity, or as a victim of rnational or domestic terrorism.						
		Debtor	Spouse				
	a. b.	\$	\$ \$		\$ 0.0	00 \$	0.00
10	Subtotal. Add Lines 2 thru 9 in Column A, and in Column B. Enter the total(s).	d, if Column B is compl	eted, add Lines 2 th	nrough 9	\$ 2,442.		0.00
11	Total. If Column B has been completed, add L the total. If Column B has not been completed				\$		2,442.11
	Part II. CALCULAT	ION OF § 1325(b)	(4) COMMITM	1ENT P	PERIOD		
12	Enter the amount from Line 11					\$	2,442.11
13	Marital Adjustment. If you are married, but a calculation of the commitment period under § enter on Line 13 the amount of the income list the household expenses of you or your depend income (such as payment of the spouse's tax lid debtor's dependents) and the amount of income on a separate page. If the conditions for entering a. b. c. Total and enter on Line 13	1325(b)(4) does not req ed in Line 10, Column F ents and specify, in the lability or the spouse's su e devoted to each purpose	uire inclusion of the 3 that was NOT pailines below, the base pport of persons of se. If necessary, lis	e income of the doman end on a regular size of the doman end of the doman	of your spouse, gular basis for luding this he debtor or the	\$	0.00
14	Subtract Line 13 from Line 12 and enter the	result.				\$	
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.						2,442.11
16	Applicable median family income. Enter the information is available by family size at www a. Enter debtor's state of residence:	v.usdoj.gov/ust/ or from		kruptcy co		\$	29,305.32 51,554.00
17	Application of § 1325(b)(4). Check the applic ■ The amount on Line 15 is less than the antop of page 1 of this statement and continue □ The amount on Line 15 is not less than that the top of page 1 of this statement and continue that the top of page 1 of this statement and continue the top of the to						
	Part III. APPLICATION OF	§ 1325(b)(3) FOR DE	TERMINING DIS	POSABI	LE INCOME	,	
18	Enter the amount from Line 11.					\$	2,442.11
19	Marital Adjustment. If you are married, but a any income listed in Line 10, Column B that w debtor or the debtor's dependents. Specify in the payment of the spouse's tax liability or the spot dependents) and the amount of income devoted separate page. If the conditions for entering this a. b. c.	vas NOT paid on a regul ne lines below the basis use's support of persons d to each purpose. If nec	ar basis for the hou for excluding the C other than the debt essary, list addition	sehold ex olumn B or or the	penses of the income(such as debtor's		
	Total and enter on Line 19.						0.00
20	Current monthly income for § 1325(b)(3). St	ubtract Line 19 from Lir	ne 18 and enter the	result.		\$	2,442.11

21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.					\$	29,305.32		
22	Applicable median family income. Enter the amount from Line 16.					\$	51,554.00		
23	 Application of § 1325(b)(3). Check the applicable box and proceed as directed. □ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is detern 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. ■ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is n 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Part VII of this statement. 							ot detern	nined under §
		Part IV. C	ALCULATION ()F I	EDU	CTIONS FR	OM INCOME		
		Subpart A: D	eductions under Star	ndar	ds of th	ne Internal Reve	nue Service (IRS)		
24A	Enter i applica bankru	nal Standards: food, appar n Line 24A the "Total" amouble number of persons. (T ptcy court.) The applicable r federal income tax return.	ount from IRS National his information is availate number of persons is the	Standable at the standard	ards for www.unber tha	Allowable Living asdoj.gov/ust/ or from twould currently be	Expenses for the om the clerk of the e allowed as exemptions	\$	
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.					onal Standards for able at cable number of persons o are 65 years of age or ory that would currently ional dependents whom and enter the result in the case of the			
	Perso	ns under 65 years of age		Pers	ons 65	years of age or old	ler		
	a1.	Allowance per person		a2.	Allow	ance per person			
	b1.	Number of persons		b2.	Numb	er of persons			
	c1.	Subtotal		c2.	Subtot	al		\$	
25A	Utilitie availab the nur	Standards: housing and uses Standards; non-mortgage ble at www.usdoj.gov/ust/onber that would currently builditional dependents whom	e expenses for the applic or from the clerk of the b be allowed as exemption	able c ankru	ounty a ptcy co	nd family size. (Thurt). The applicable	nis information is e family size consists of	\$	
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero. IRS Housing and Utilities Standards; mortgage/rent expense					\$			
		Standards: housing and u		you c	ontend	•		Ψ	
26	25B do Standa	bes not accurately compute rds, enter any additional an tion in the space below:	the allowance to which	you a	re entitl	ed under the IRS H	Iousing and Utilities	\$	
						1			

			1		
	Local Standards: transportation; vehicle operation/public transpo expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation.				
27A	Check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 7.				
	If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more.				
28	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 1, as stated in Lithe result in Line 28. Do not enter an amount less than zero.	court); enter in Line b the total of the Average			
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$			
	b. 1, as stated in Line 47	\$			
	c. Net ownership/lease expense for Vehicle 1 Local Standards: transportation ownership/lease expense; Vehicle	Subtract Line b from Line a.	\$		
29	the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Powers for the debts accounted by Vehicle 2, as stated in Line 47; subtract Line b from Line and enterprise for the counter of the count				
	a. IRS Transportation Standards, Ownership Costs	\$			
	b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$			
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$		
30	Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale	come taxes, self employment taxes, social	\$		
31	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volu	retirement contributions, union dues, and	\$		
32	Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.		\$		
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.				
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do		\$		
36	Other Necessary Expenses: health care. Enter the total average money health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts	our dependents, that is not reimbursed by the amount entered in Line 24B. Do not	\$		

37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.					
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.					
	Subpart 1	B: Additional Living Expense Deductions				
	Note: Do not include	de any expenses that you have listed in Lines 24-37				
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.					
39	a. Health Insurance	\$				
	b. Disability Insurance	\$				
	c. Health Savings Account	\$	ф			
	Total and enter on Line 39		\$			
	If you do not actually expend this total arbelow: \$	nount, state your actual total average monthly expenditures in the space				
40	Continued contributions to the care of household or family members. Enter the total average actual monthly					
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.					
42	Home energy costs. Enter the total average Standards for Housing and Utilities that you trustee with documentation of your actual claimed is reasonable and necessary.	\$				
43	Education expenses for dependent children actually incur, not to exceed \$147.92 per children less than documentation of your actual expenses, a necessary and not already accounted for its contraction.	\$				
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National					
45	contributions in the form of cash or financia	nt reasonably necessary for you to expend each month on charitable al instruments to a charitable organization as defined in 26 U.S.C. § in excess of 15% of your gross monthly income.	\$			
46	Total Additional Expense Deductions und	der § 707(b). Enter the total of Lines 39 through 45.	\$			

		Subpart C: Deductions for De	bt Payment					
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.							
	Name of Creditor							
	a.		\$ Total: Add Lines	□yes □no	 \$			
48	motor vehicle, or other property necessory your deduction 1/60th of any amoun payments listed in Line 47, in order sums in default that must be paid in the following chart. If necessary, list Name of Creditor a. Payments on prepetition priority of the property of the	If any of debts listed in Line 47 are se essary for your support or the support of the total amount, that you must pay to maintain possession of the property. To order to avoid repossession or foreclosus additional entries on a separate page. Property Securing the Debt laims. Enter the total amount, divided by	f your dependents, y the creditor in addit The cure amount wo tre. List and total any 1/60th of \$ by 60, of all priority	ou may include in tion to the full include any y such amounts in the Cure Amount Total: Add Lines claims, such as	\$			
49	 priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33. Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the 							
50	resulting administrative expense. a. Projected average monthly Chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) c. Average monthly administrative expense of chapter 13 case Total: Multiply Lines a and b							
51	Total Deductions for Debt Paymen	t. Enter the total of Lines 47 through 5	0.		\$			
		Subpart D: Total Deductions f	rom Income					
52		e. Enter the total of Lines 38, 46, and 5			\$			
	1	NATION OF DISPOSABLE I	NCOME UND	ER § 1325(b)(2	<u>)</u> \$			
53								
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.							
55		Enter the monthly total of (a) all amount retirement plans, as specified in § 541(b fied in § 362(b)(19).			\$			
56	Total of all deductions allowed und	ler § 707(b)(2). Enter the amount from	Line 52.		\$			

(-, (- · · · ·)						
	Deduction for special circumstances. If there are special circumstances there is no reasonable alternative, describe the special circumstance. If necessary, list additional entries on a separate page. Total the exprovide your case trustee with documentation of these expenses of the special circumstances that make such expense necessary	es and the resulting expenses in lines a-c below penses and enter the total in Line 57. You mu s and you must provide a detailed explanatio	7. St				
57	Nature of special circumstances	Amount of Expense					
	a.	\$					
	b.	\$					
	c.	\$					
		Total: Add Lines	\$				
58	Total adjustments to determine disposable income. Add the am result.	ounts on Lines 54, 55, 56, and 57 and enter the	\$				
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line	58 from Line 53 and enter the result.	\$				
	Part VI. ADDITIONAL	EXPENSE CLAIMS					
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and w of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense each item. Total the expenses.						
60	Expense Description	Monthly Amou	nt				
	a.	\$					
	b.	\$					
	c. d.	\$ \$					
	Total: Add Lines a,						
	Part VII. VERI	FICATION					
61	I declare under penalty of perjury that the information provided in <i>must sign.</i>) Date: January 8, 2013	this statement is true and correct. (If this is a j	oint case, both debtors				
		(Debtor)					